

Name
in
Full

Thomas J Arnold

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Helen J Arnold			
Father's Name	Unknown	Father's Birthplace Unknown			
Mother's Maiden Name	Unknown	Mother's Birthplace "			
Name of person giving information	Wallace Miller	How related to deceased Unknown			

CAUSES OF DEATH

179

How long

PHYSICIAN
OR CORONER

Primary

Unknown

Immediate

No physician in attendance

Are the name, age, sex, color, date and place correctly given above?

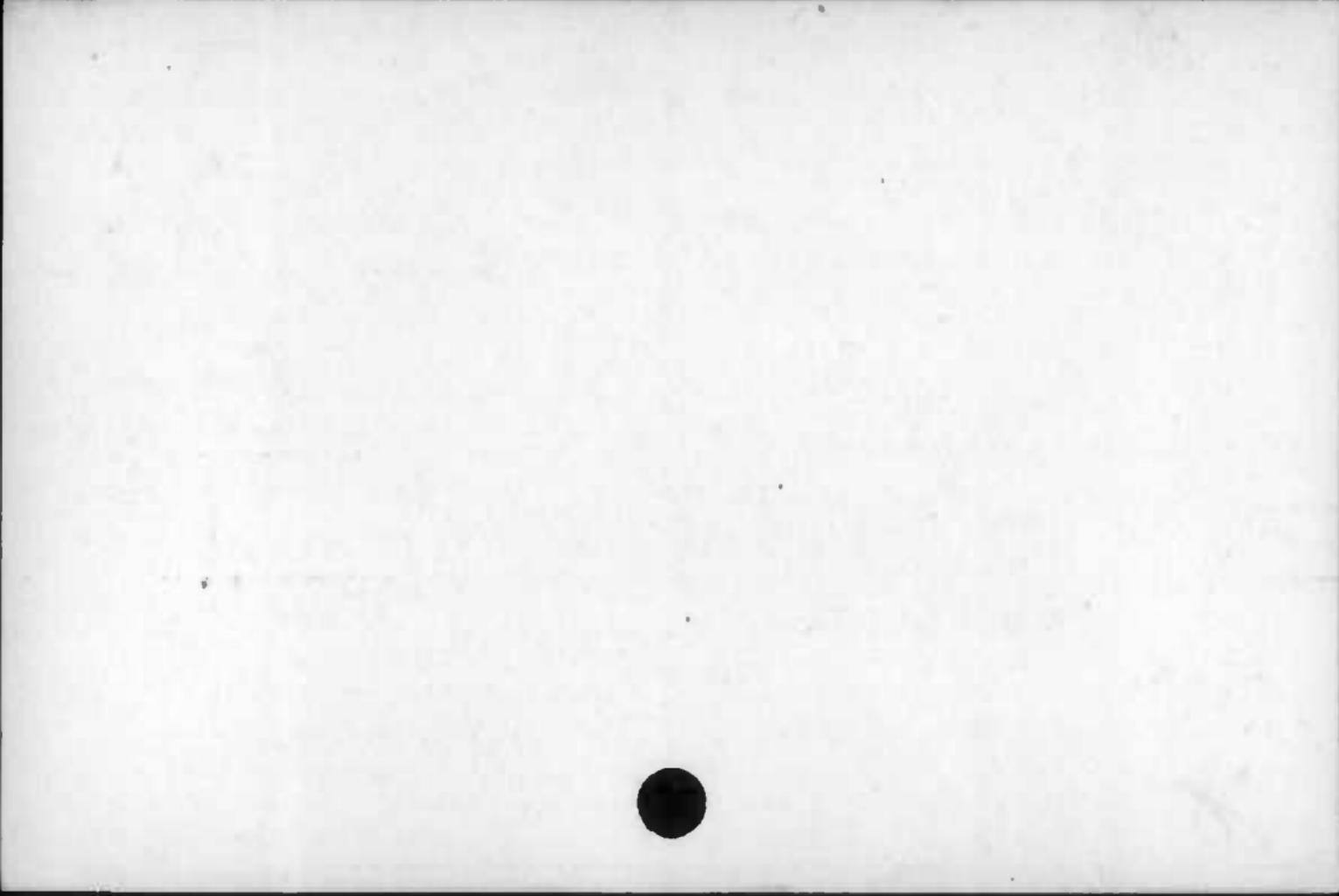
Signature of Physician C



Address

Dr. Carpenter, Sub. Reg.
Pigash Md.

Accident or Suicide?



Name
in
Full

Harry Blair

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Harry Bowman				
Mother's Maiden Name	Jessie Blair				
Name of person giving Information	Jennie Blair				
CAUSES OF DEATH					
Primary	105 X				
Immediate	2 weeks				
Are the name, age, sex, color, date and place correctly given above?	24 hours				

PHYSICIAN
OR CORONER

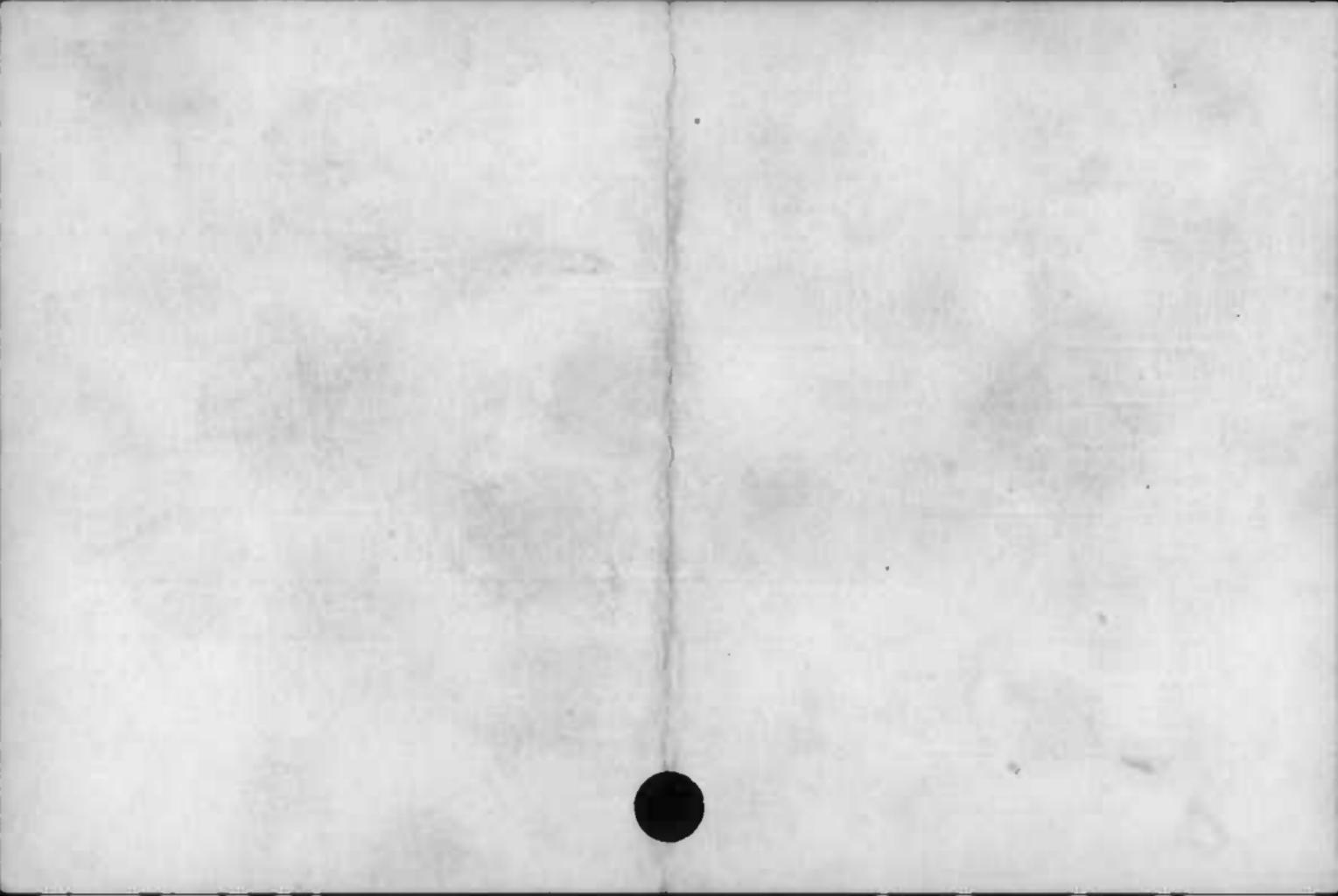
Yes

Signature of Physician

Address

J. H. Belinclar
Project Surg. M. S. H.
Indian Head Md.

Accident or Suicide?



Name
Full

Had not been named Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County MARYLAND
Port Tobacco as Chas Month Days
Date of death 1909 7 29 Age —
Sex female Color or Race Colored Birth-place Birth-
Occupation place Port-Tobacco
Where Residing if not at place of death
Married, Single Name of Wife or Husband
or Widowed Father's Birthplace Charles
Father's Name Alexander Brown Charles
Mother's Maiden Name Martha Darbury Charles
Name of person giving Information Alexander Brown Father
How related to deceased Father
Primary Causes of Death 100 X
Thresh How long 3 days
Immediate
Are the name, age, sex, color, date and place correctly given above?
Signature of Physician R. Hampton Bay Sub Reg
Address La Plata
(no doctor in attendance) 2nd

PHYSICIAN
OR CORONER

Primary

Thresh

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes
No

Accident or Suicide



Name
in
Full

May Maggie Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

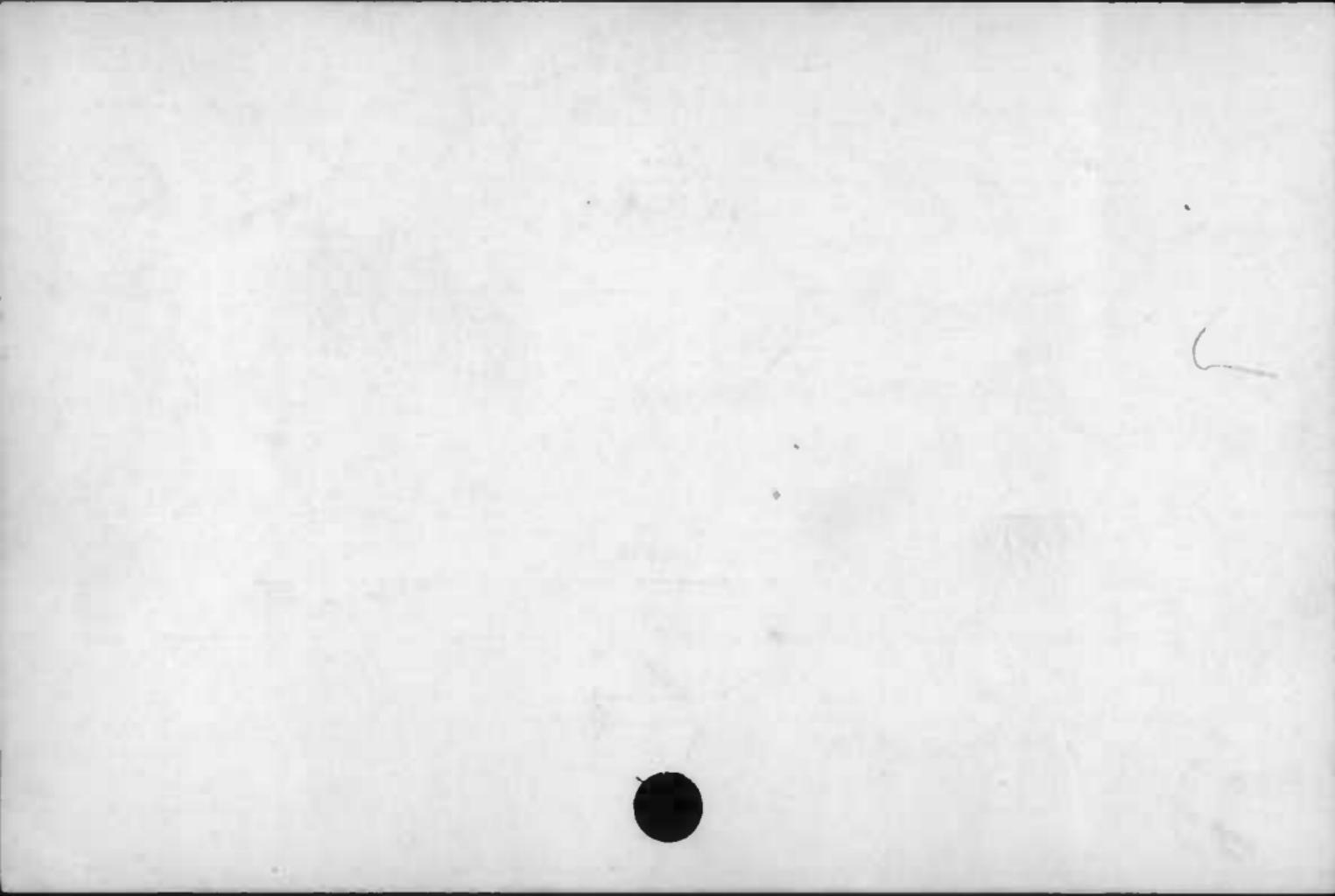
Died at	Town <i>Indian Head</i>	County <i>Charles</i>	MARYLAND
Date of death	Month <i>July</i>	Day <i>15</i>	Years Age
Sex	Color or Race <i>Female</i>	<i>Blk.</i>	Months Birth-place <i>Eleven Charles Co., Md.</i>
Occupation	Where Residing If not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	<i>Chas. Co. Md.</i>
Father's Name	<i>John Queen</i>	Mother's Birthplace	<i>Chas. Co. Md.</i>
Mother's Maiden Name	<i>Elizabeth Butler</i>	How related to deceased	<i>Mother</i>
Name of person giving information	<i>Elizabeth Butler</i>	How long	<i>105 X</i>
CAUSES OF DEATH			
Primary	<i>Cholera Infantum</i>		
Immediate	<i>Cholera Infantum</i>		

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician
*J. H. Sinclair*Address
Indian Head, Md.

Accident or Suicide?



Name
in
Full

Joseph Campbell Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	18	2	?
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Joseph Campbell				
Mother's Maiden Name	Margaret Chesley				
Name of person giving Information	Father				

CAUSES OF DEATH

Primary	Tuberculosis	
Immediate	Heart Failure	
Are the name, age, sex, color, date and place correctly given above?	Yes	
Signature of Physician	J. C. Johnson M.D.	
Address	Newport, Md.	
Accident or Suicide?	J	

27

X

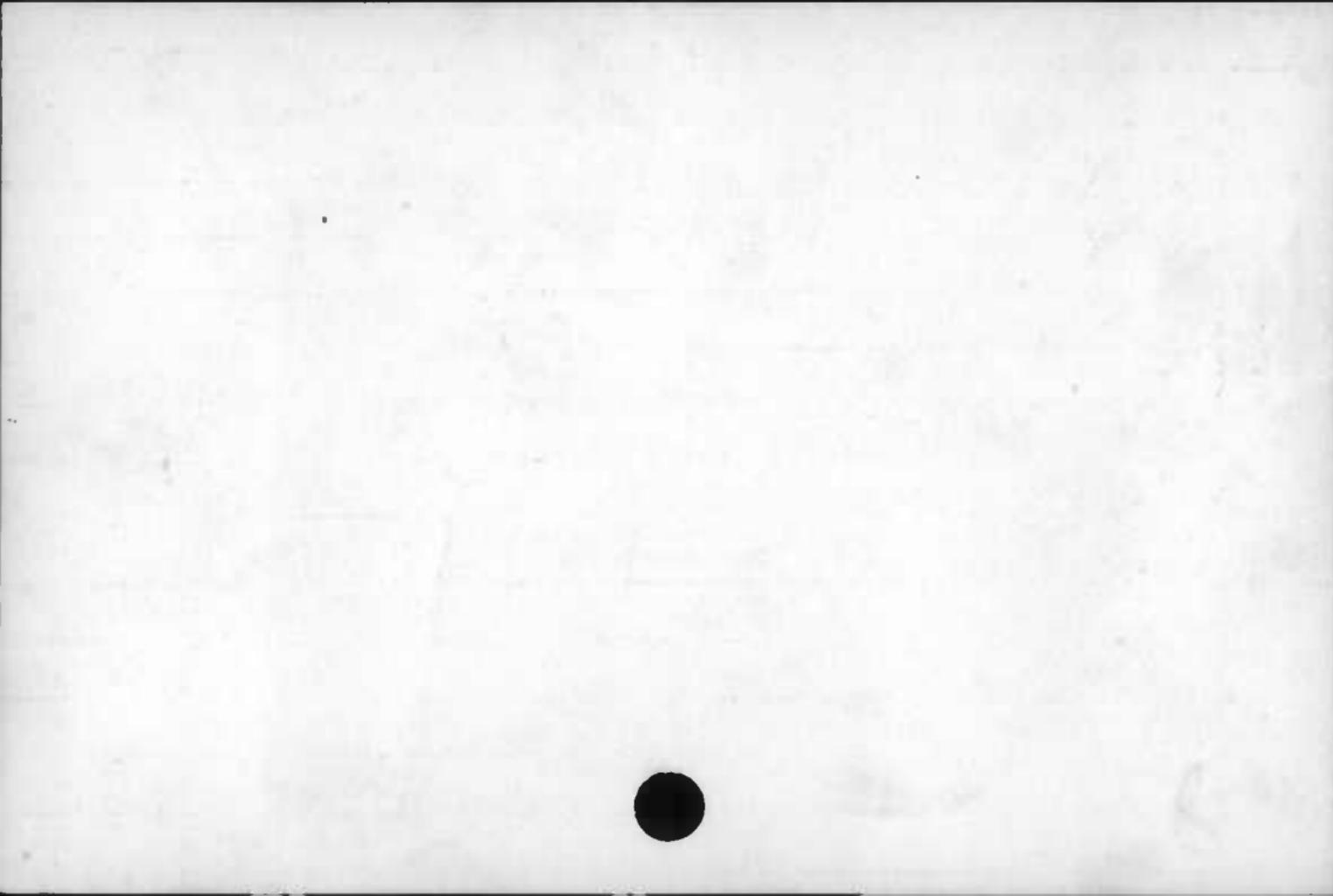
How long

8 mos

How long

2 mos

PHYSICIAN
OR CORONER



Name
in
Full

Milbern Carter

CERTIFICATE OF DEATH

To BE ANSWERED BY
• NEAREST FRIEND

PHYSICIAN
OR CORONER

at

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Robert Carter				
Mother's Maiden Name	Victoria Queen				
Name of person giving information	Robert Carter				

CAUSES OF DEATH

Primary

Obstica Infartum

How long

105

X

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

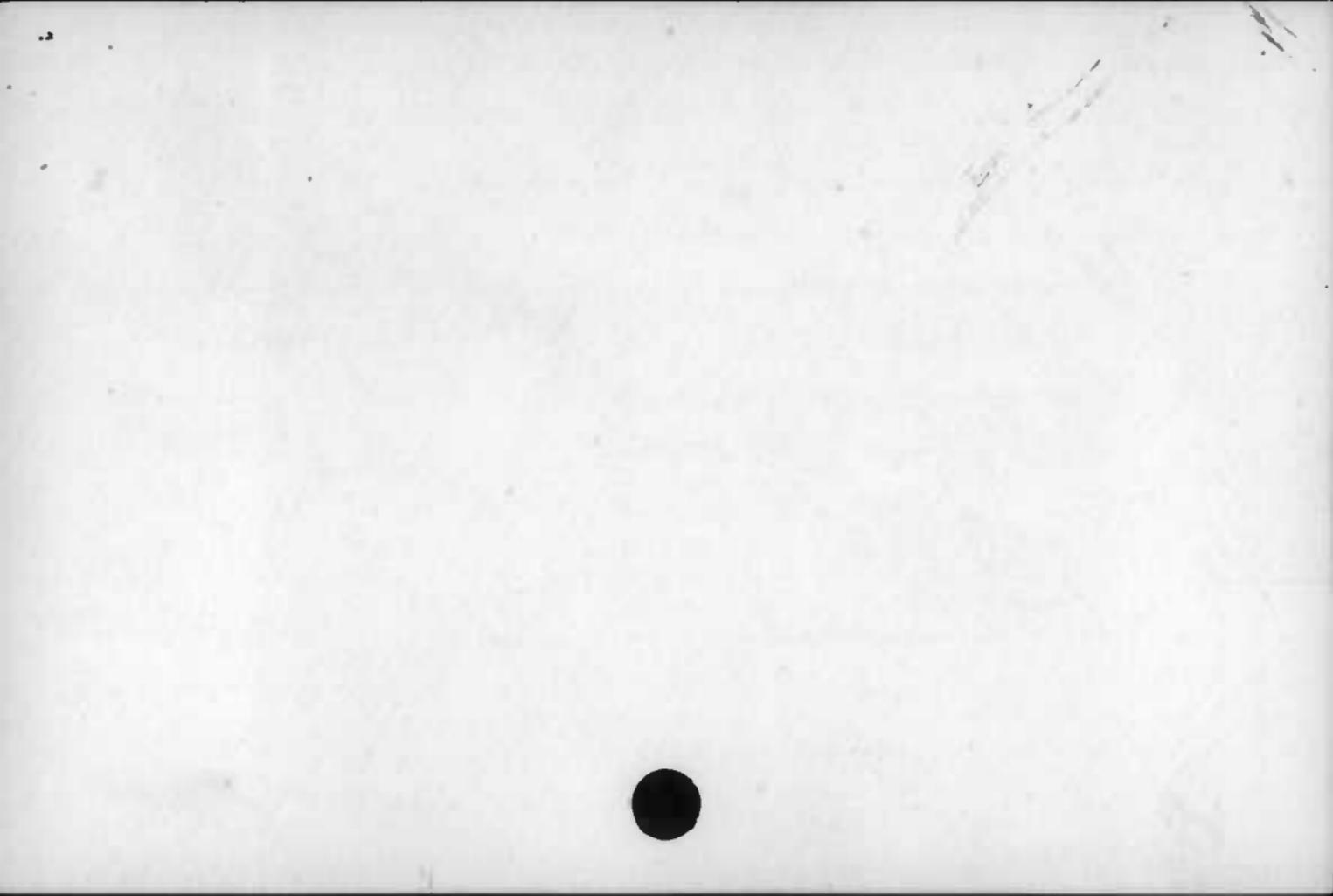
Signature of Physician

Address

Gen. E. Bicknell
Reigh.
Ind.

Accident or Suicide?

J



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month July	Day 5-	Age 27	Years	Months 00	Days 5-
Sex	Female	Color or Race	Colored		Birth- place	Dug	
Occupation	Housewife		Where Residing if not at place of death		At home		
Married, Single or Widowed	Single	Name of Wife or Husband	Joseph Chapman		Father's Name	Dug	
Father's Name	Henry Brown				Mother's Birthplace	Dug	
Mother's Maiden Name	Olive Dent				How related to deceased	Husband	
Name of person giving Information	Joseph Chapman				27	X	
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

Tuberculosis

Immediate

Tuberculosis

How long

4 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

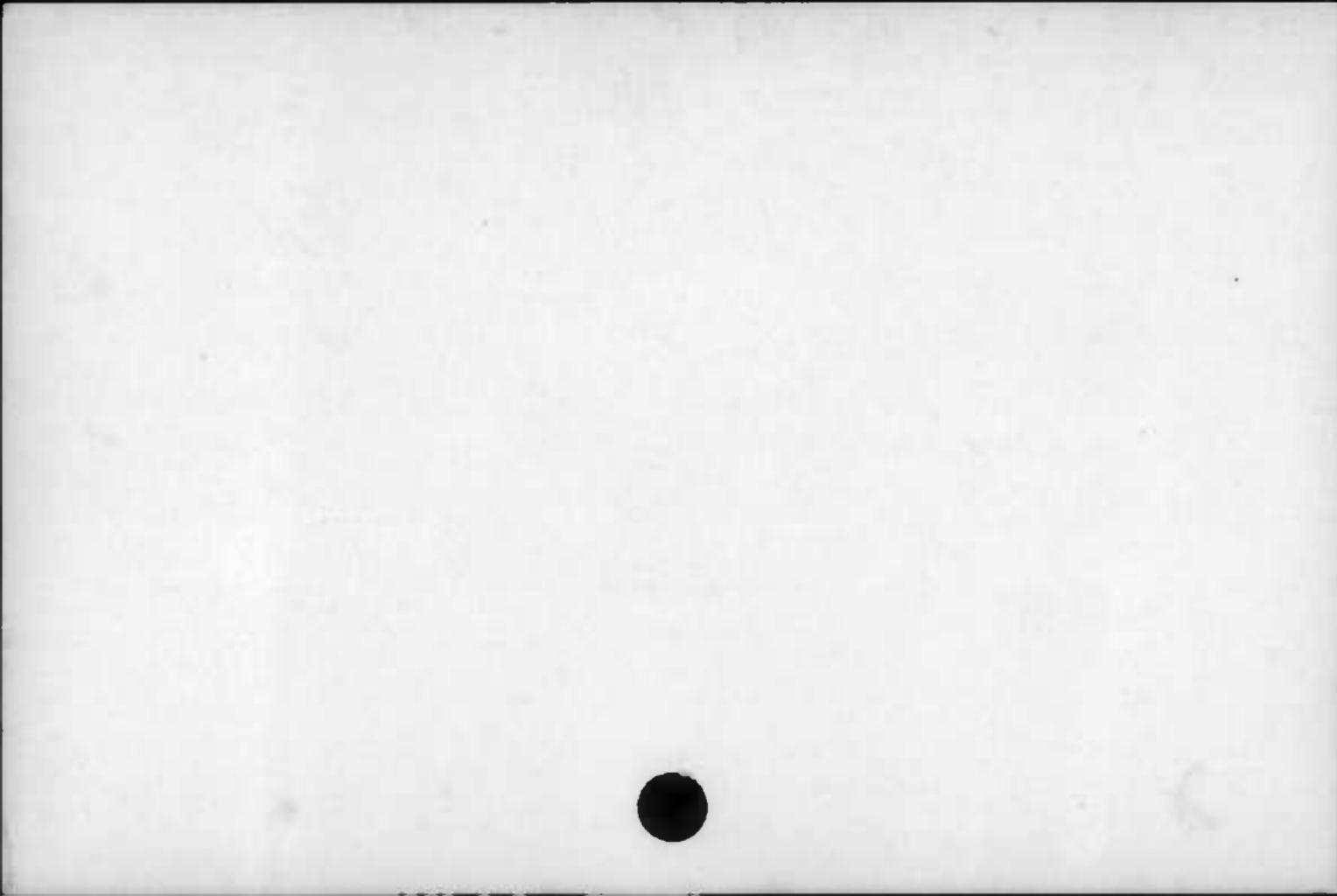
Signature of
Physician

Address

J. O. Murray

Waldorf Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

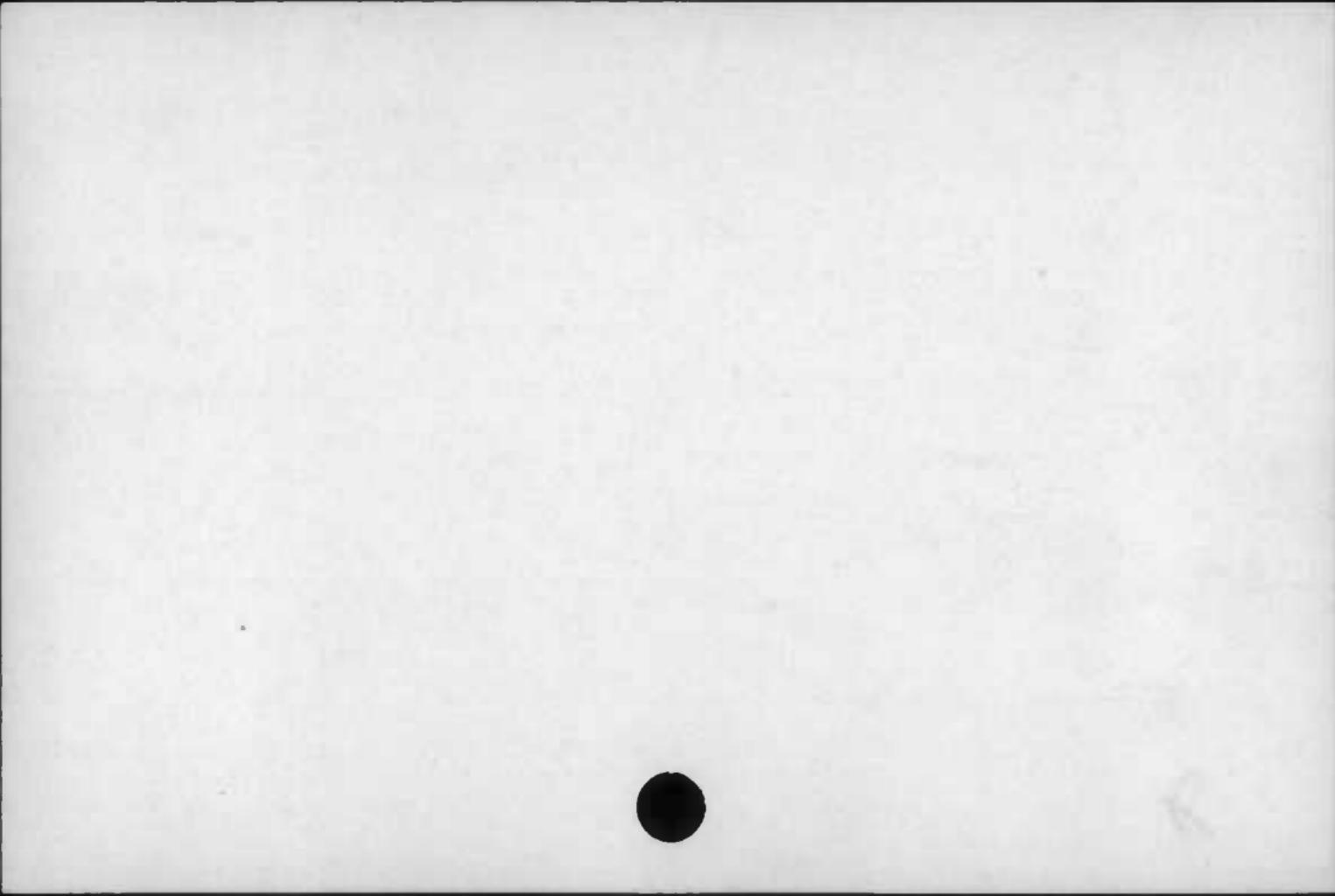
Died at		Town	County		MARYLAND		
Date of death	1909	Month July	Day 8	Years 32	Months —	Days —	
Sex	Female	Color or Race	Color cc		Birth-place	Maryland	
Occupation	Housewife		Where Residing if not at place of death			Jackson lottoe	
Married, Single or Widowed	Married	Name of Wife or Husband				Lewis Key	
Father's Name	Victoria King		Father's Birthplace			Pennsylvania	
Mother's Maiden Name	Victoria King		Mother's Birthplace			" "	
Name of person giving Information	Jackson lottoe		How related to deceased			Heir-at-law	
CAUSES OF DEATH						138 X	

Primary

Pregnancy

How long

</div



Name
in
Full

Mary Francis Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Bethesda	Montgomery				
Died at	Place of death				
Date of death 1909	Month July	Day 11	Age —	Months 2	Days —
Sex Female	Color or Race African	Birth-place Bethesda Co.			
Occupation	Where Reaching if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Frank Chase	Father's Birthplace Bethesda Co.				
Mother's Maiden Name Martha Ford	Mother's Birthplace Chase Co.				
Name of person giving Information Frank Chase	How related to deceased				

CAUSES OF DEATH

Primary

Marasmus

151

X

2 mo

Immediate

Cardiac Failure

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

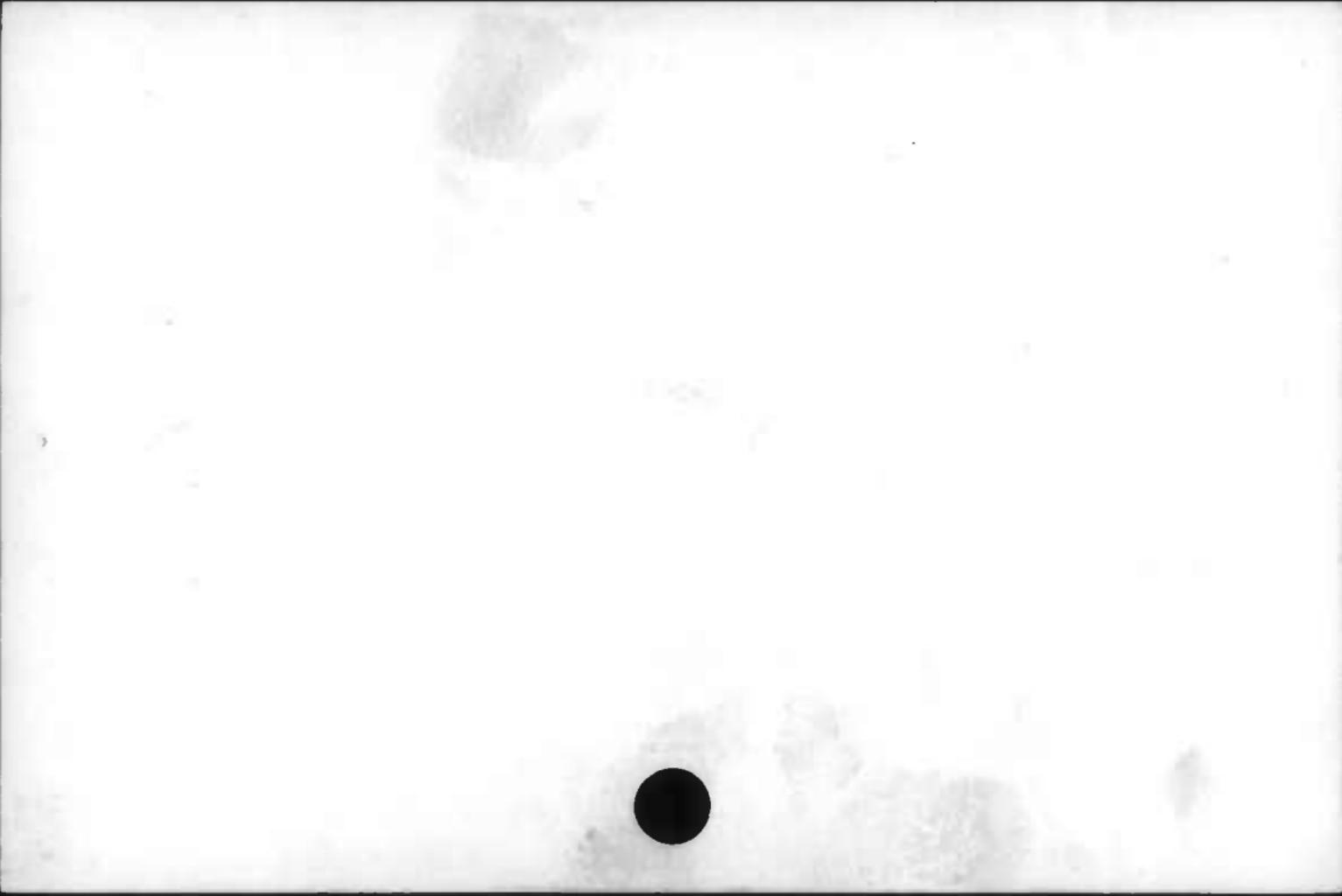
Signature of Physician

Address

J

Accident or Suicide

E. Duncanson
Bethesda
Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Geo Washington Dent -
La Plate Chas

CERTIFICATE OF DEATH

MARYLAND

Died at La Plate Month Day Years Months Days

Date of death 1909 Month Day Years Months Days

Sex Male Color or Race Colored Birth-place La Plate

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Joe Dent

Father's
Birthplace

Chas Lee

Mother's
Maiden Name

Maggie Brown

Mother's
Birthplace

Chas Lee

Name of person giving
Information

Joe Dent -

How related
to deceased

Halter

CAUSES OF DEATH

Primary

Choleramphibian

151

X

Immediate

Exhaustion

How long

4 days
1 day

Are the name, age, sex, color, date
and place correctly given above?

J

Signature of
Physician

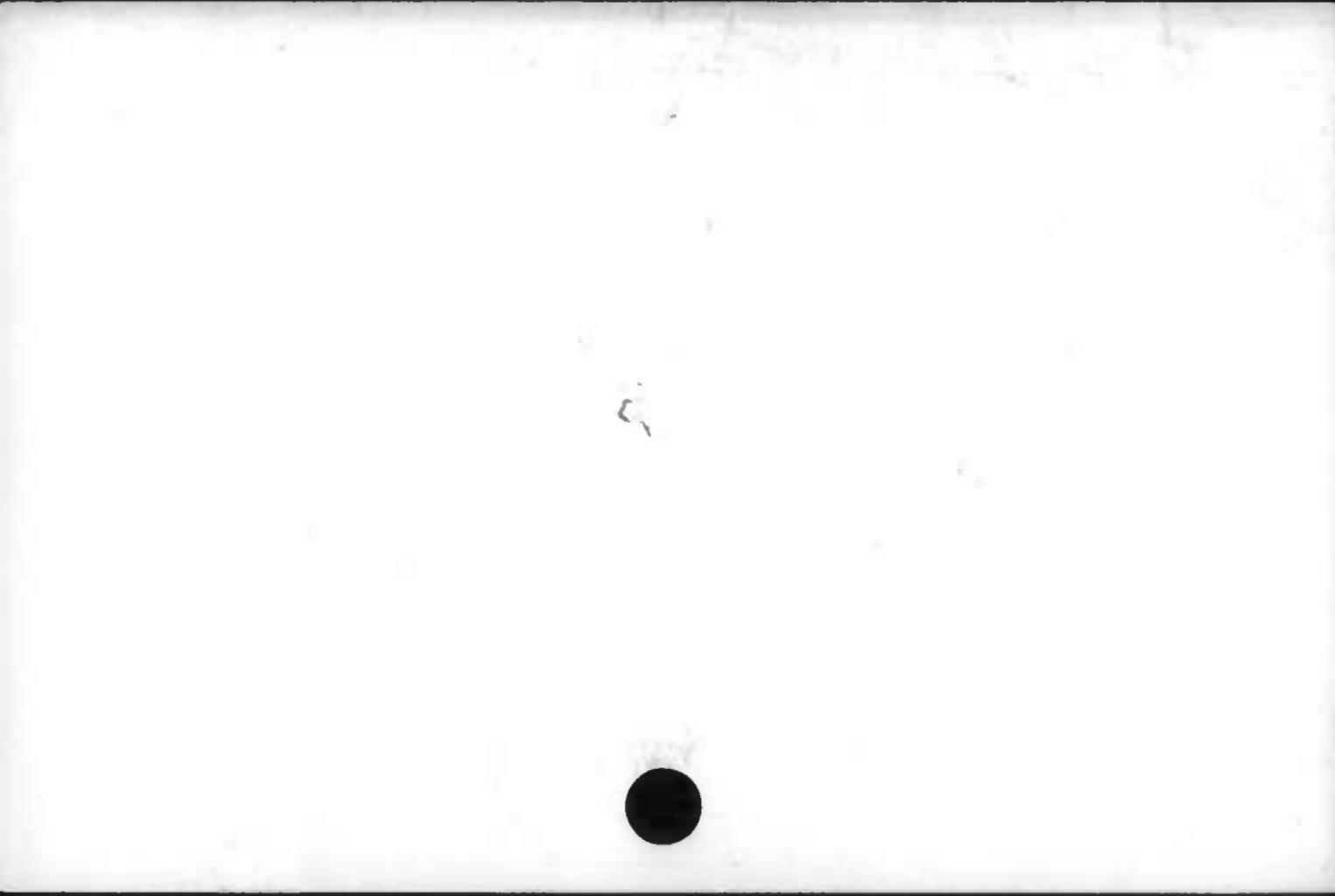
Address

R. Hawptmeyer, Sub By
La Plate Md.

Accident or Suicide

No

No doctor in attendance



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Eddra Dyer
Fornowichay Chas

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date
of death 190

Month

Day

Years

Months

Days

FEBRUARY

Color or
Race

Age

Birth-
place

Sex
Occupation

Laura

Jud

Where Residing if not
at place of death

At Place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Single

Father's
Birthplace

Jud

Mother's
Maiden Name

Fannin Glunk

Mother's
Birthplace

Jud

Name of person giving
Information

Alice Dyer

How related
to deceased

Grand Father

CAUSES OF DEATH

Primary

105

7

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

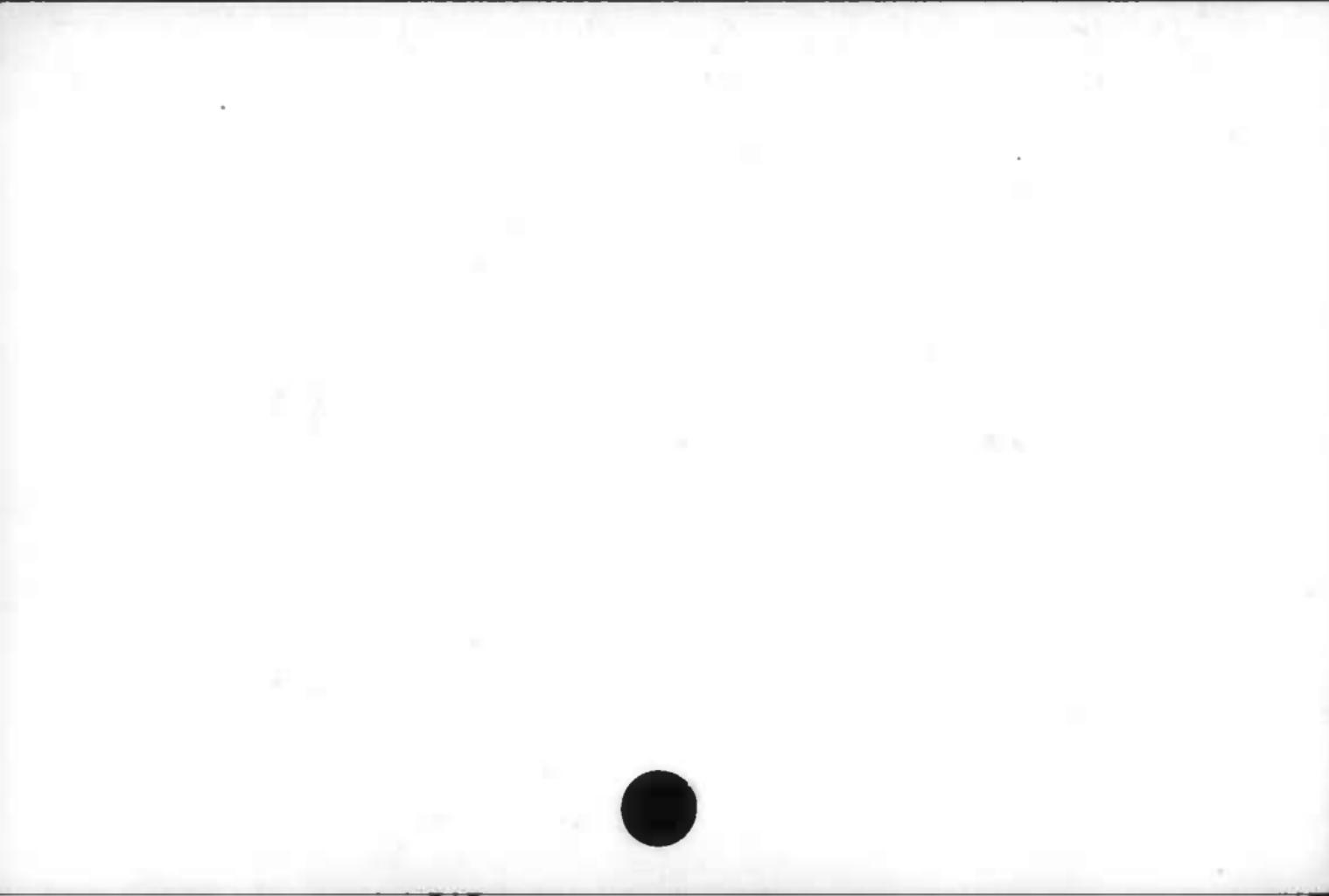
Signature of
Physician

Address

8

Accident or Suicide

Sudden Complication Edith
ger John Marshall
Sub Reg



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Boris Loney Dyson				CERTIFICATE OF DEATH		
Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Earnest Dyson					Father's Birthplace
Mother's Maiden Name	Beges Dyson					Mother's Birthplace
Name of person giving information	Earnest Dyson					How related to deceased

CAUSES OF DEATH

179

How long

X

How long

15 days

Primary

Immediate

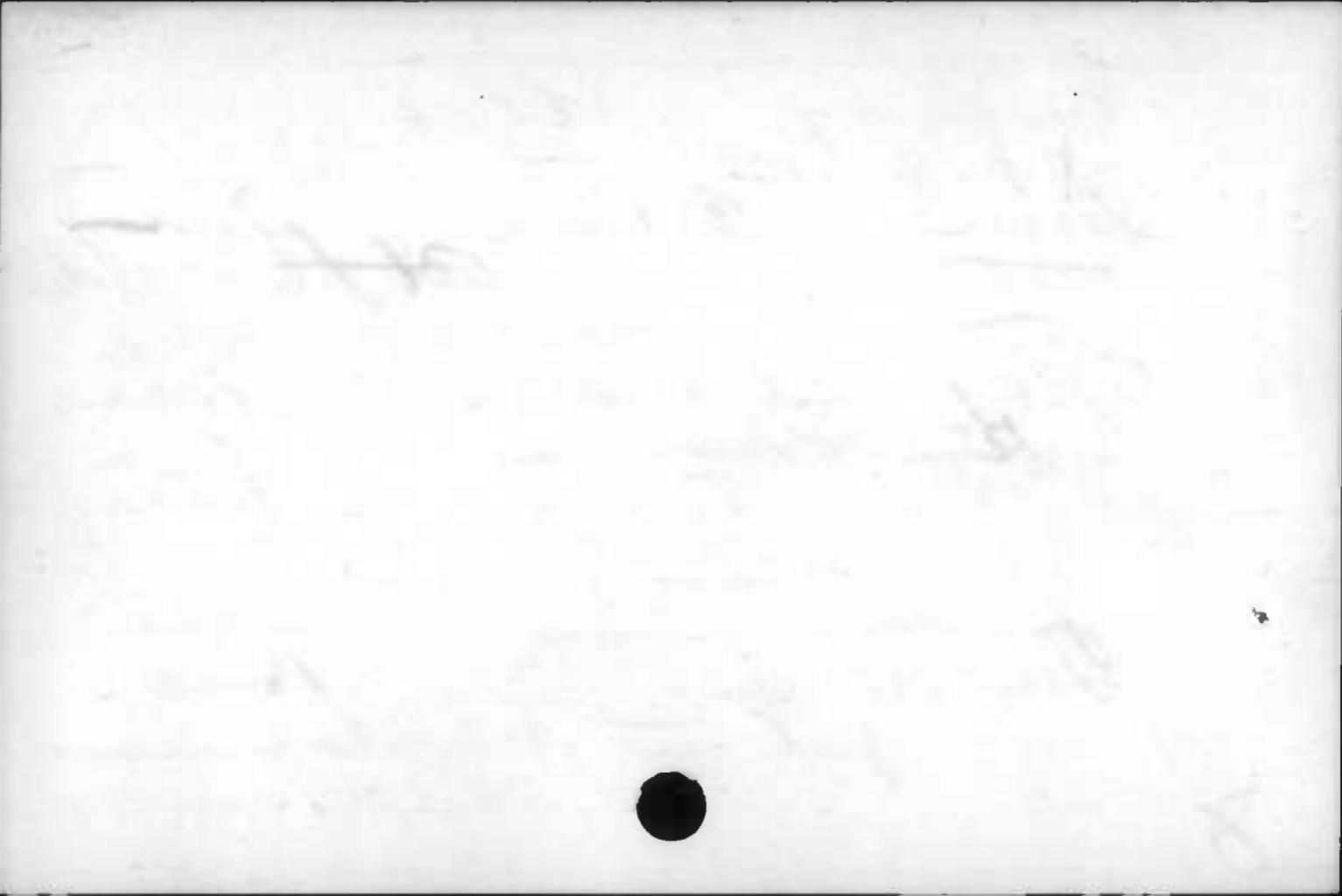
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

J



Name
in
Full

Benjamin D. Hancock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Married, Single or Widowed	Color or Race	Age	53	5	—	
Occupation	Where Residing if not at place of death			—			
Name of Wife or Husband		Annie Hancock					
Father's Name	John Hancock			Father's Birthplace	Md		
Mother's Maiden Name	Jane Hancock			Mother's Birthplace	Md		
Name of person giving information	J.W. Hancock			How related to deceased	Brother		

CAUSES OF DEATH

56

X

How long

2 weeks

How long

1 day

PHYSICIAN
OR CORONER

Primary

Anemic condition

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?



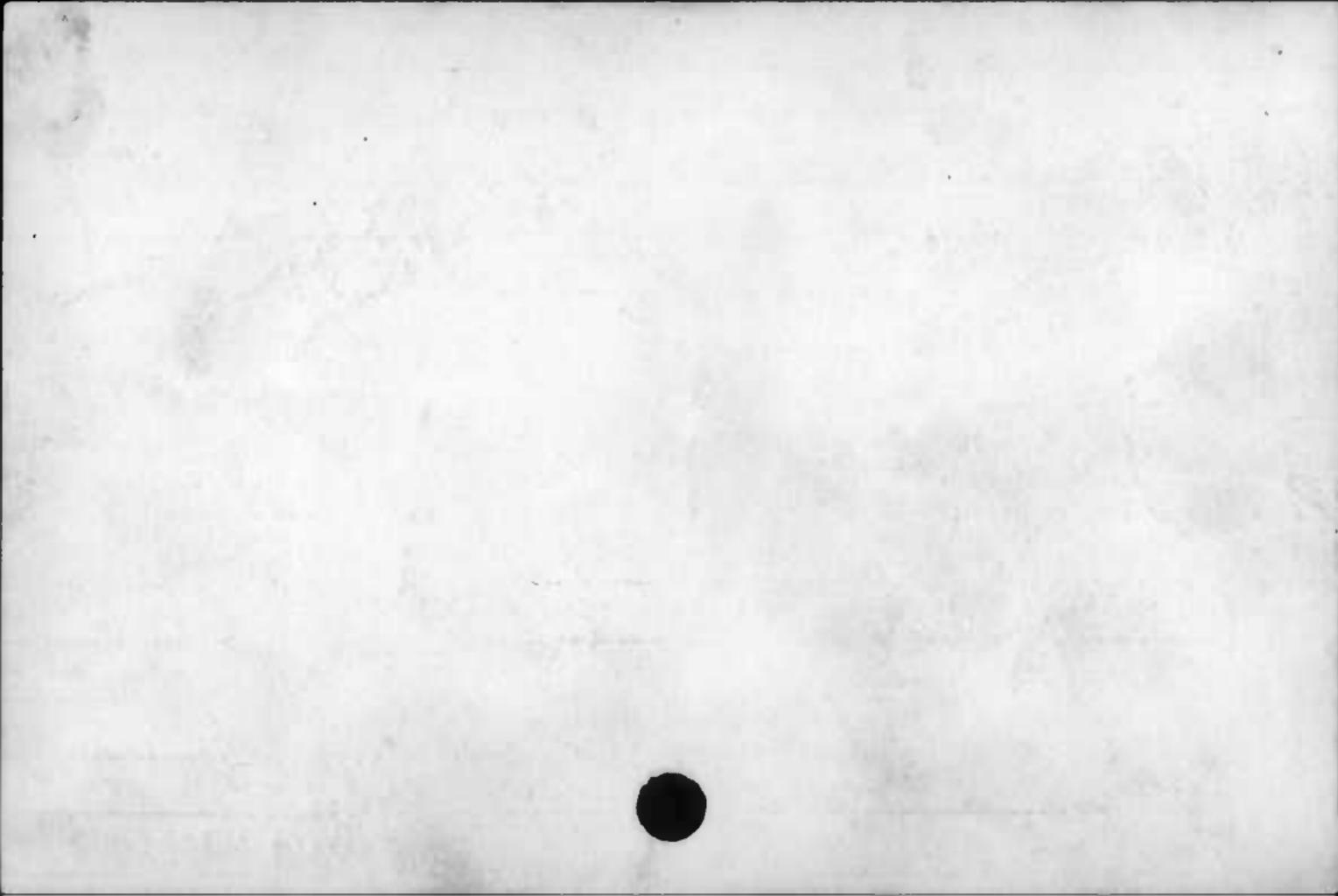
Signature of Physician

Address

J.H. L. Hopper

Hughesville Md

Accident or Suicide?



Name
in
Full

Richard E. Hawkins

CERTIFICATE OF DEATH

Q

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Gallant Green

County

Date
of death

Month

Day

9 July 13

Years

Age 69

Months

4

Days

3

Sex

Color or
Race

Male

Colored

Birth-
place

and

Occupation

Labourer

Where Residing if not
at place of death

Pr. Gisela Md

Married, Single
or Widowed

Name of Wife or
Husband

Married Jane Evans

Father's
Birthplace

Md

Father's
Name

Jerry Hawkins

Mother's
Birthplace

and

Mother's
Maiden Name

Archaly Hawkins

How related
to deceased

Step Son

Name of person giving
Information

John Thomas

CAUSES OF DEATH

How long

2 mos.

Primary

Paralysis

How long

Immediate

Immediate

Second stroke

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

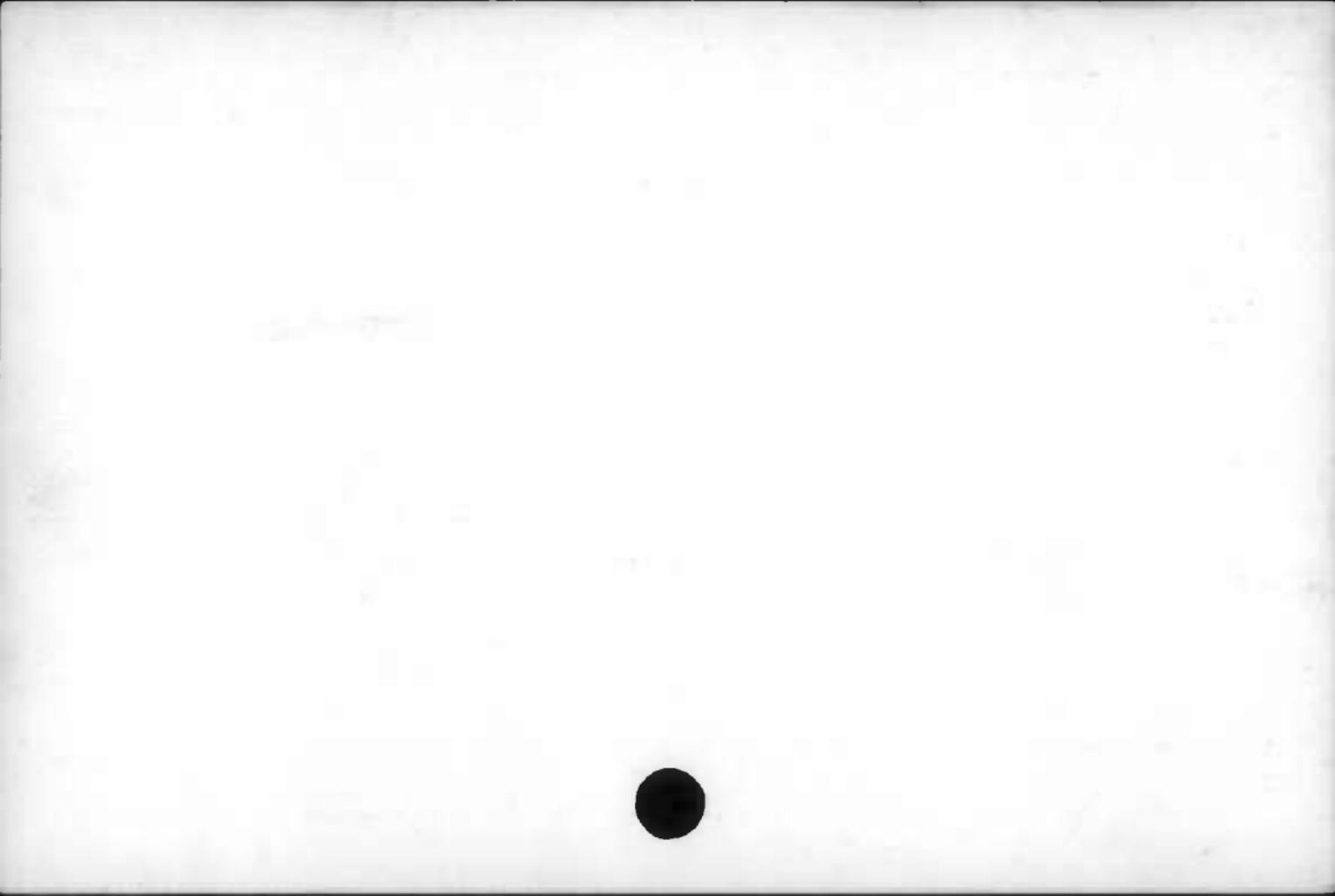
St Mortons Bn

Accident or Suicide

No

Aquasco
Md

PHYSICIAN
OR CORONER



Name
in
Full

Rhoda Stiggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bryantown Town Charles County
Date of death 1909 Month July Day 19 Age 38 Years
Sex Female Color or Race white
Occupation Housewife Whare Residing if not
at placia of death
Married, Single or Widowed Widow Name of Wife or Husband Stephen Stiggs, deceased
Father's Name John Robey Father's Birthplace Ned
Mother's Maiden Name Mary Greer Mother's Birthplace Ned
Name of person giving Information J. P. Jackson How related to deceased Brother

PHYSICIAN
OR CORONER

Primary

Pneumonia

CAUSES OF DEATH

Immediate

Are the name, age, sex, color, date
and placia correctly givan above?

Yes

Signature of
Physician

Address

L.C. Carr's M.D.
Bryantown,
Ned.

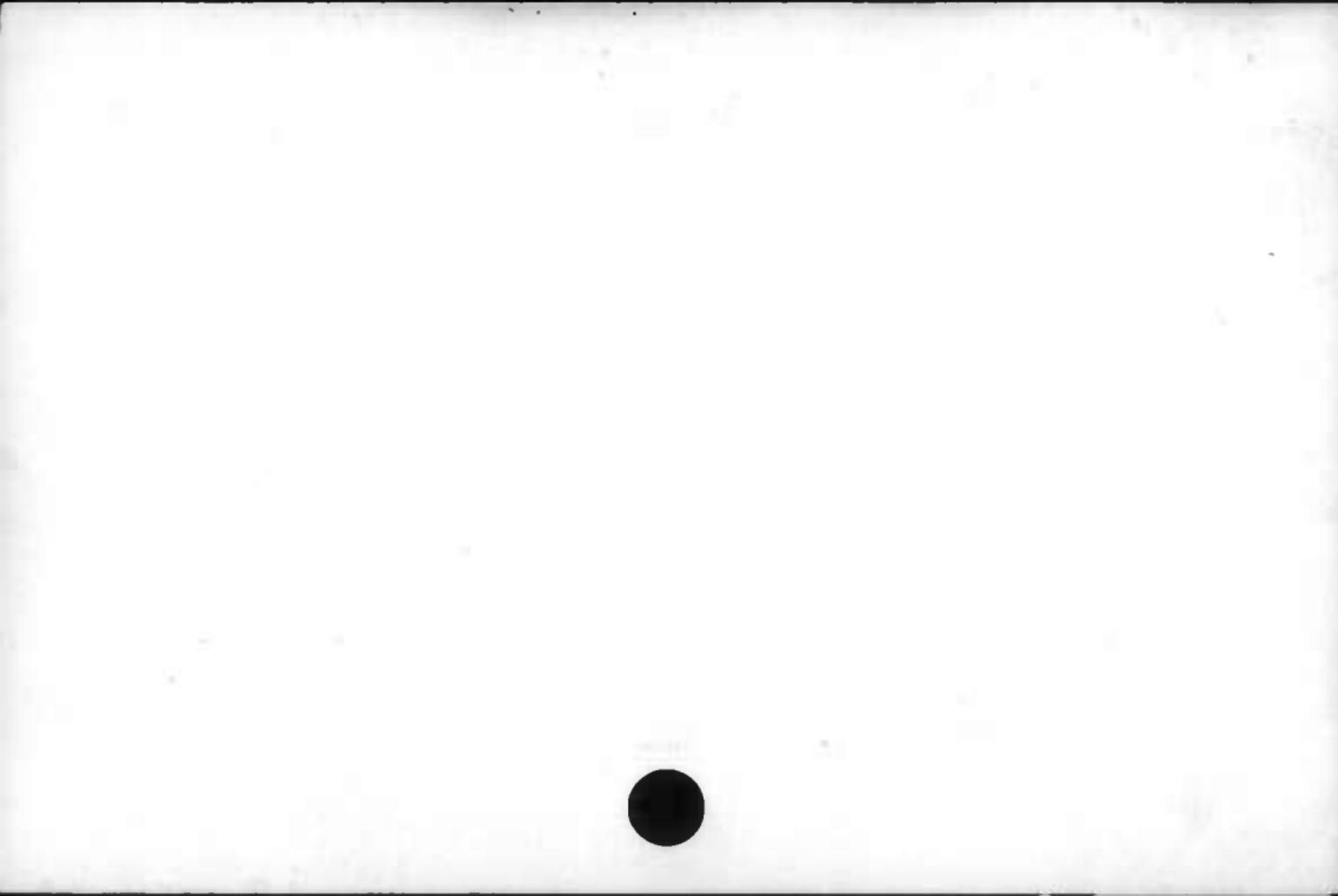
Accident or Suicide

93

X

How long

6 days



Name
in
Full

Eliza Elizabeth Hutton

CERTIFICATE OF DEATH

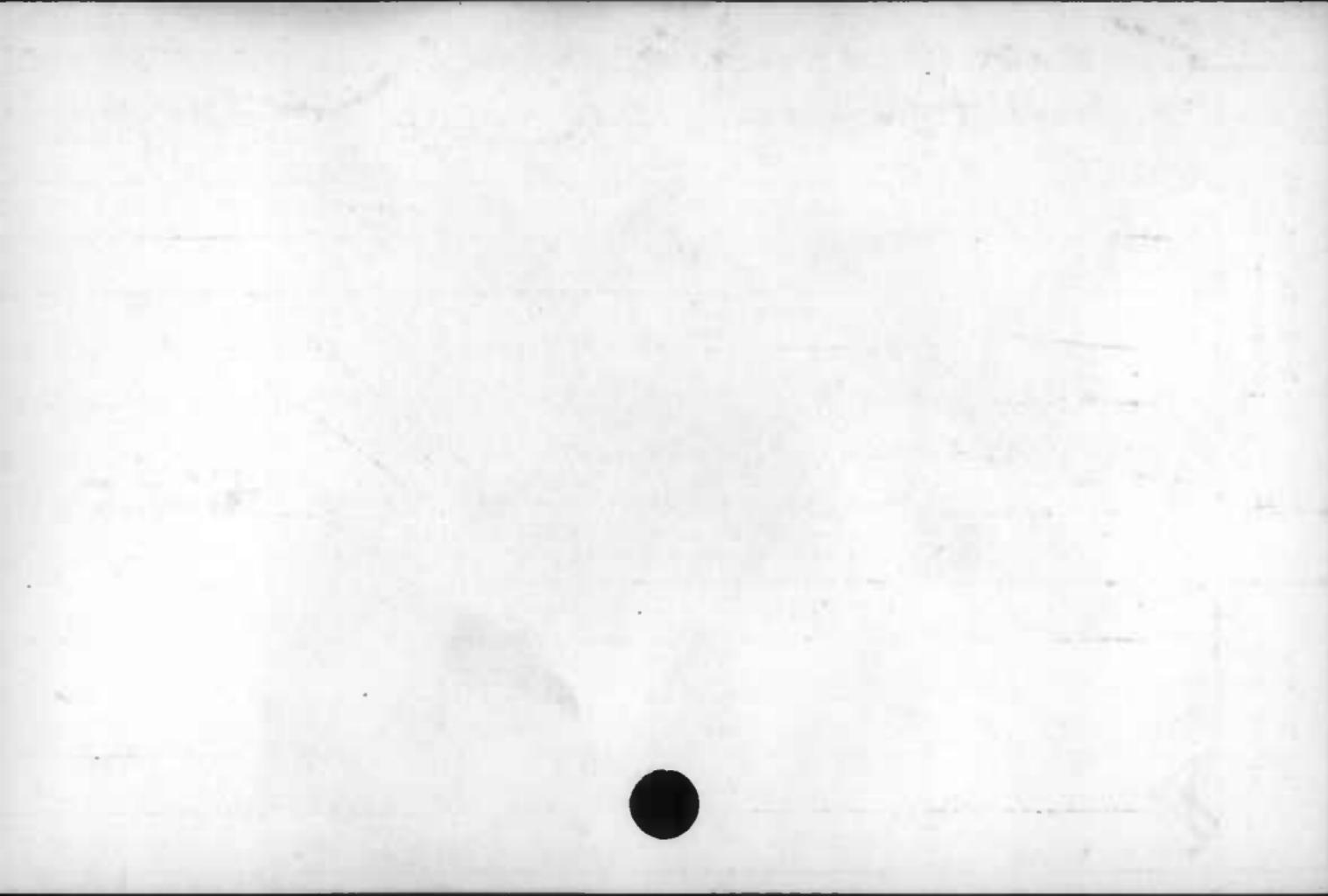
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	5		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Charles E.				
Mother's Maiden Name	St. Marys				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum				
Immediate	Heart Failure (?)				
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. C. Jemison M.D.		
		Address	Newport News		
Accident or Suicide?					



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Henry Jackson

Died at Town

County

MARYLAND

Date of death 1909 Month July Day 10 Age — Months 5 Days

Sex Male

Color or Race Black

Birth-place Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Frank Jackson

Father's Birthplace

Md

Mother's Maiden Name

Irvin Dorsey

Mother's Birthplace

Md

Name of person giving
Information

Frank Jackson

How related
to deceased

Father

CAUSES OF DEATH

105 X

Primary

Malnutrition with Ulceritis mader more

How long

Immediate

Spasms

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

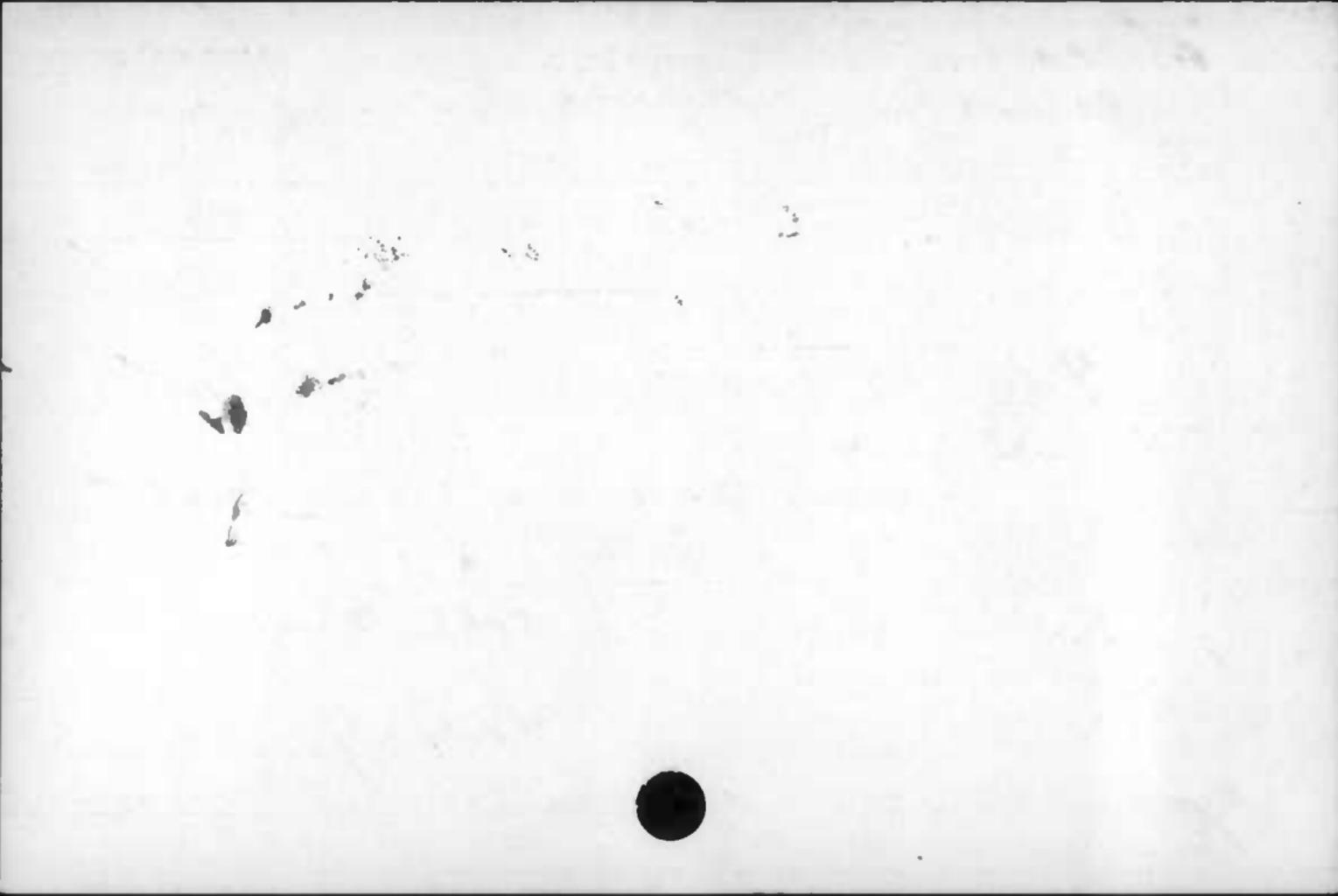
Signature of
Physician

S. H. Speake
Grayton

Address

J.

Accident or Suicide



Dennis Maloney

Died at Cedar Point Beach, Maryland

Died at	Town	County				MARYLAND
Date 1909	Month 7	Day 3	Y. 55	M. -	D. -	Native of Ireland
Male	White	Age 55	Married	Widow	Divorced	Occupation Farmer
Female	Colored	Single		Widower		Number of children living 4

Husband of	Caroline Sinclair	
Wife	Unknown	Mother's Unknown
Father's Name	Unknown	

Cause of Death	Primary	Stomach Trouble	How long sick 1 week
	Immediate	Appendicitis	Accident, Suicide, Homicide

Reported by	J. F. Sinclair	18	nurse
Address	Brown Hand	Mc	

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

~~Report~~ 5

W. F. Brown

William H. Marbury, Jr.

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Died at	Beyah	Charles			
Date of death	Month	Day	Years	Months	Days
1909	July	26	in	1	3
Sex	Male	Color or Race	Colored	Birth-place	Charles Co. Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William H. Marbury				
Mother's Maiden Name	Elrichie Neale				
Name of person giving information	William H. Marbury				

CAUSES OF DEATH

151

X

How long

How long

Primary

Infantile Atrophy

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

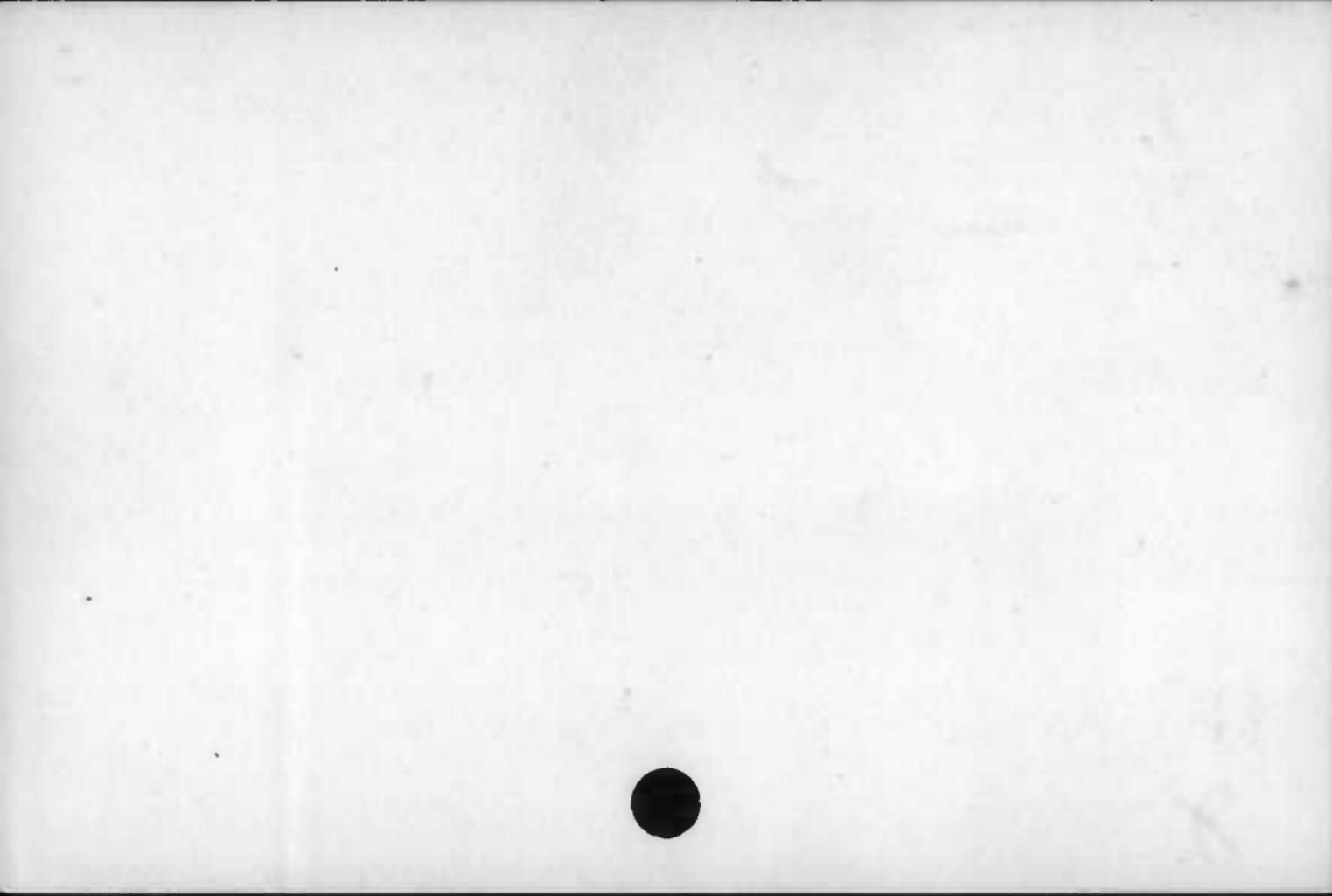
Signature of Physician

Address

Dr. C. Bicknell,
Beyah,
Md.

J

Accident or Suicide?



Name
in
Full

Not Named Marshall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

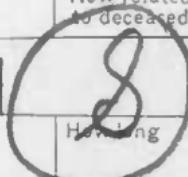
Died at	Berry P.O.	Town	Charles	County	MARYLAND
Date of death	1909	Month July	Day 24	Age	Years Months Days
Sex	male	Color or Race	Colored	Birth-place	Berry
Occupation	—	Where Residing if not at place of death			
Married, Single or Widowed	—	Name of Wife or Husband			
Father's Name	Thomas A. Marshall	Father's Birthplace			
Mother's Maiden Name	Gary Young	Mother's Birthplace			
Name of person giving information	J. H. Marshall	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still B



Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

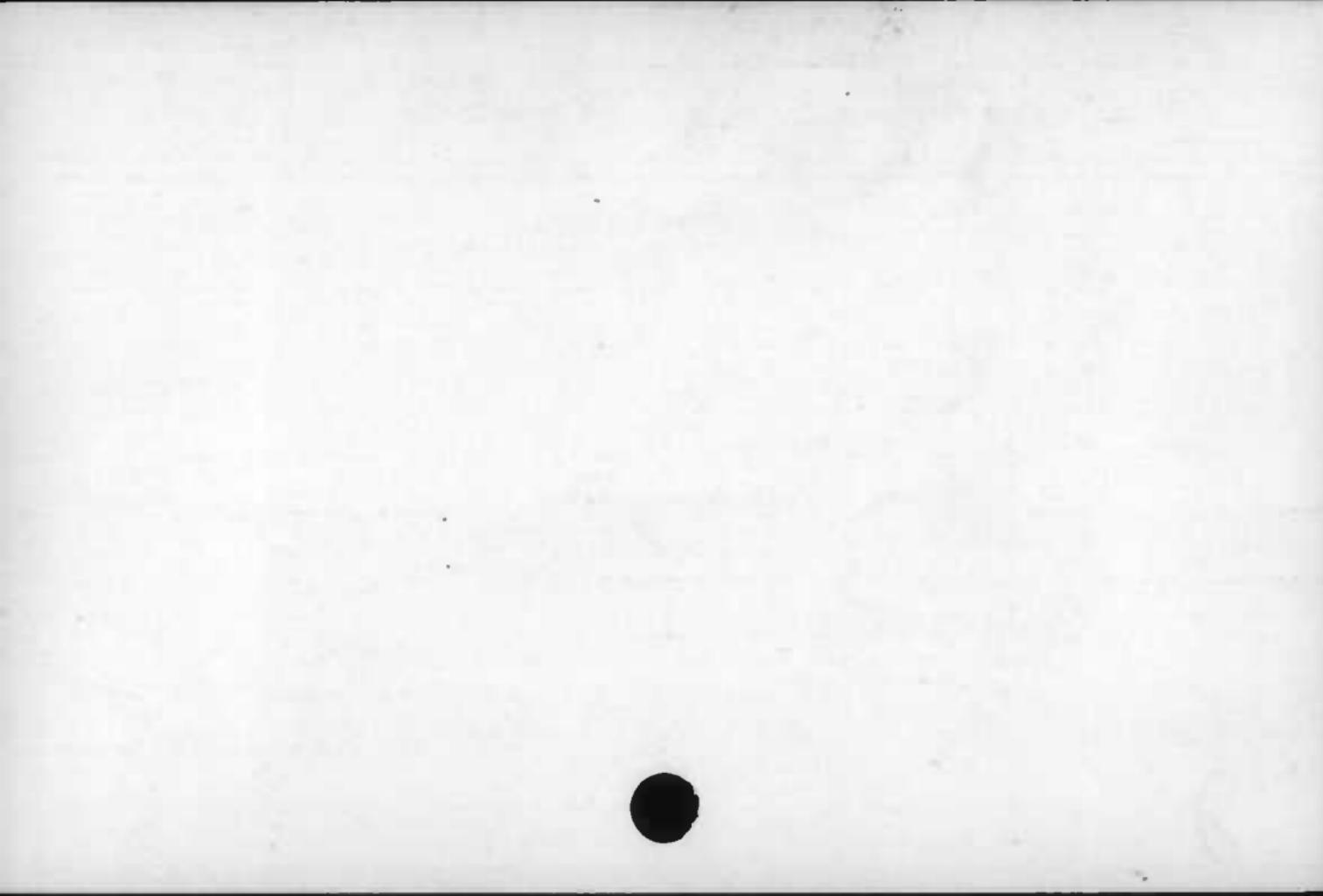
Address

None in attendance

J. M. Wilkerson

Accident or Suicide?

Sub Reg: Waldorf Md



Name
in
Full

Bernard Mitchell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Tow. <i>Piegate</i>	County <i>Charles</i>	MARYLAND		
Date of death	Month <i>1909 July</i>	Day <i>8</i>	Years <i>66</i>	Months <i>4</i>	Days <i>—</i>
Sex	Color or Race <i>Male American</i>	Birth-place <i>Unknown</i>			
Occupation	Where Residing if not at place of death <i>Laborer</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Single</i>				
Father's Name	Father's Birthplace <i>Henry Mitchell Unknown</i>				
Mother's Maiden Name	Mother's Birthplace <i>Unknown</i>				
Name of person giving information	How related to deceased <i>Geo. Washington Son.</i>				

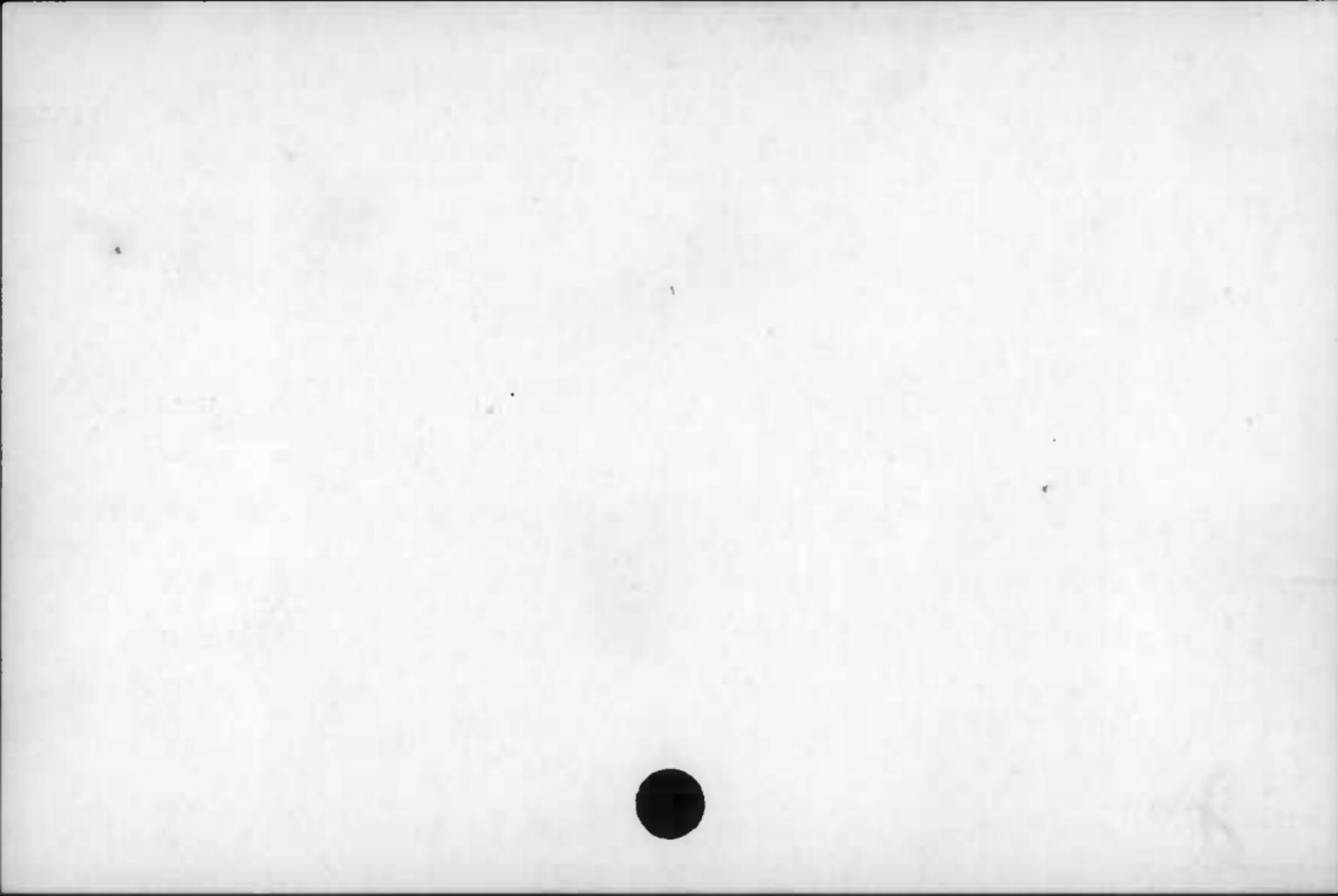
CAUSES OF DEATH

Primary	<i>Nephritis</i>	
Immediate	<i>Aphoplexy</i>	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	
8	Accident or Suicide? <i>—</i>	

Signature of Physician

Address

Geo. C. Buckmill,
Piegate, Md.



Name
in
Full

Ella Mary Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary
Died at Waldorf Town Char County

MARYLAND

Date of death 1909 Month 7 Day 4 Years Age 20 Month - Day -

Sex female Color or Race white

Birth-place Md

Occupation School girl Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Birthplace Md

Father's Name John S. Murray

Mother's Birthplace Md

Mother's Maiden Name Ida Jameson

How related to deceased Father

Name of person giving Information John S. Murray

27

X

How long

2 years

How long

30 minutes

PHYSICIAN
OR CDRONER

Primary Pulmonary Tuberculosis

Immediate Hemorrhage

Are the name, age, sex, color, date and place correctly given above?

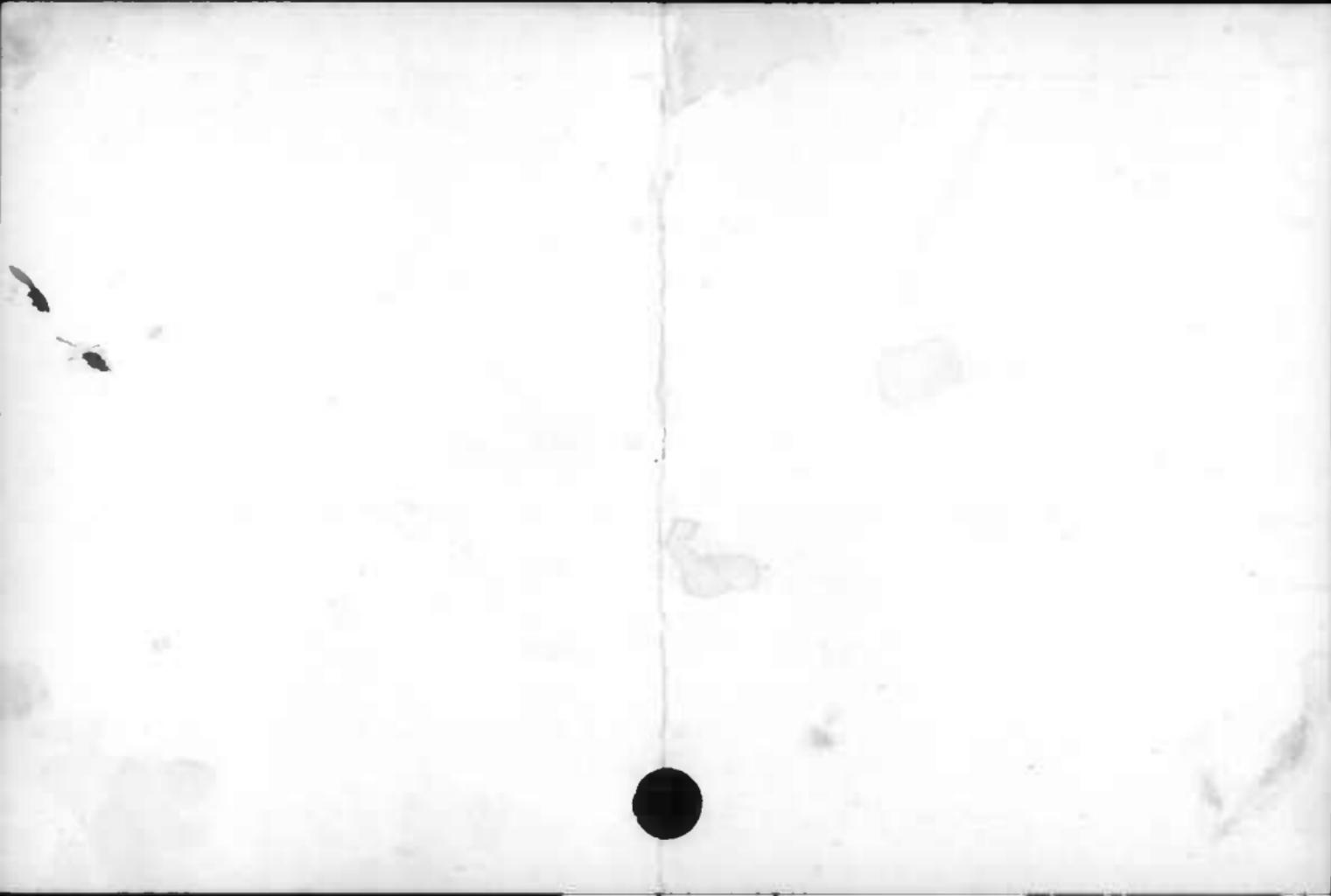
yes

Signature of Physician

Address

John A. Cox
T.B. Md

Occident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Grace Richardson

CERTIFICATE OF DEATH

MARYLAND

Died at River Side Charles

Date of death 1909 Month July Day 26 Age 70 Months Days

Sex Female Color or Race Black

Occupation Midwife Birth-place And Charles

Married, Single or Widowed Married Name of Wife or Husband

Father's Name Nathan Linton Father's Birthplace And

Mother's Maiden Name Maria Linton Mother's Birthplace And

Name of person giving Information Collyan Washington How related to deceased Son in law

CAUSES OF DEATH

Primary

Dropsey

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

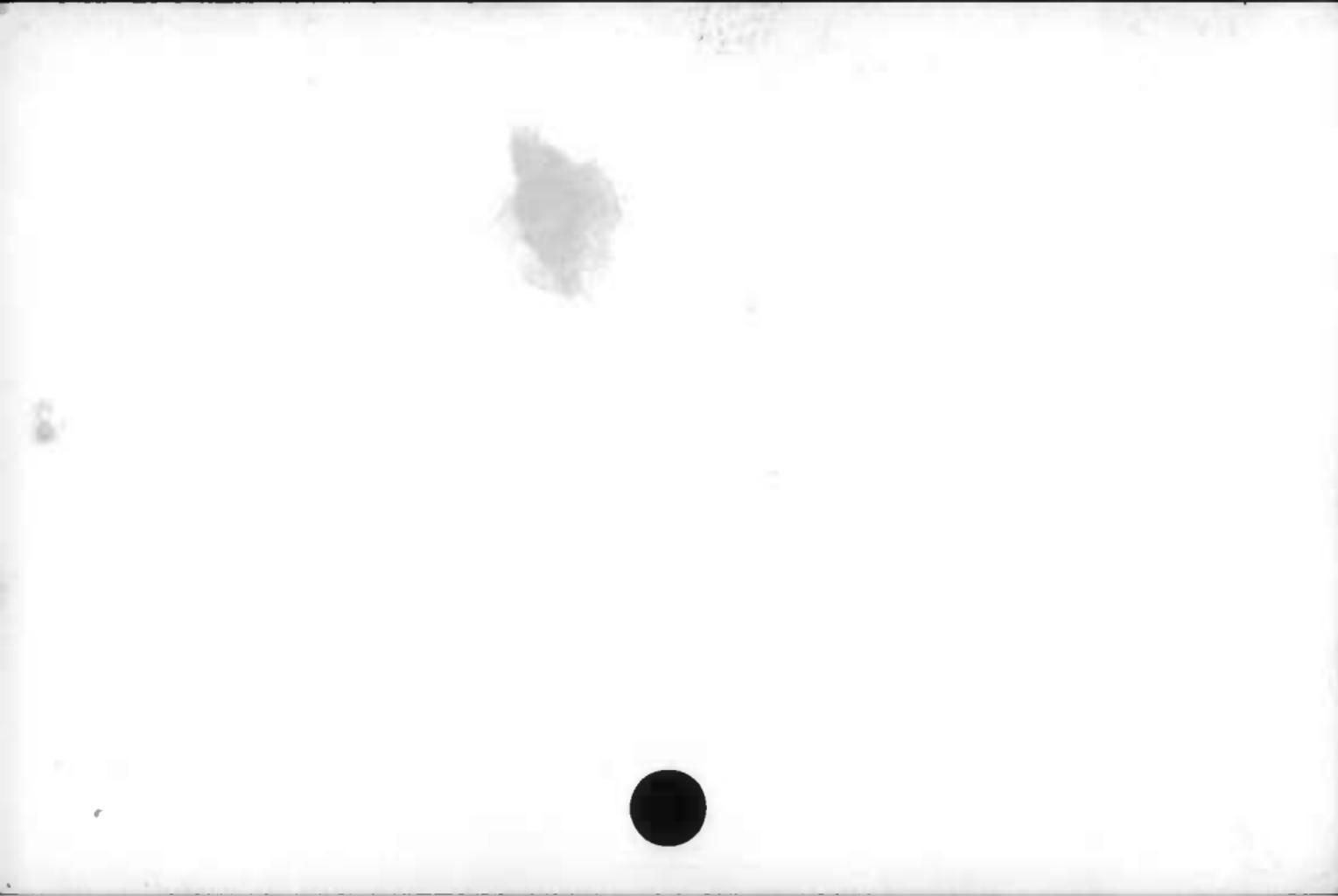
How long

How long

177 X

3 or 4 months

Accident or Suicide



Name
in
Full

Myrtle Beatrice Sanders

CERTIFICATE OF DEATH

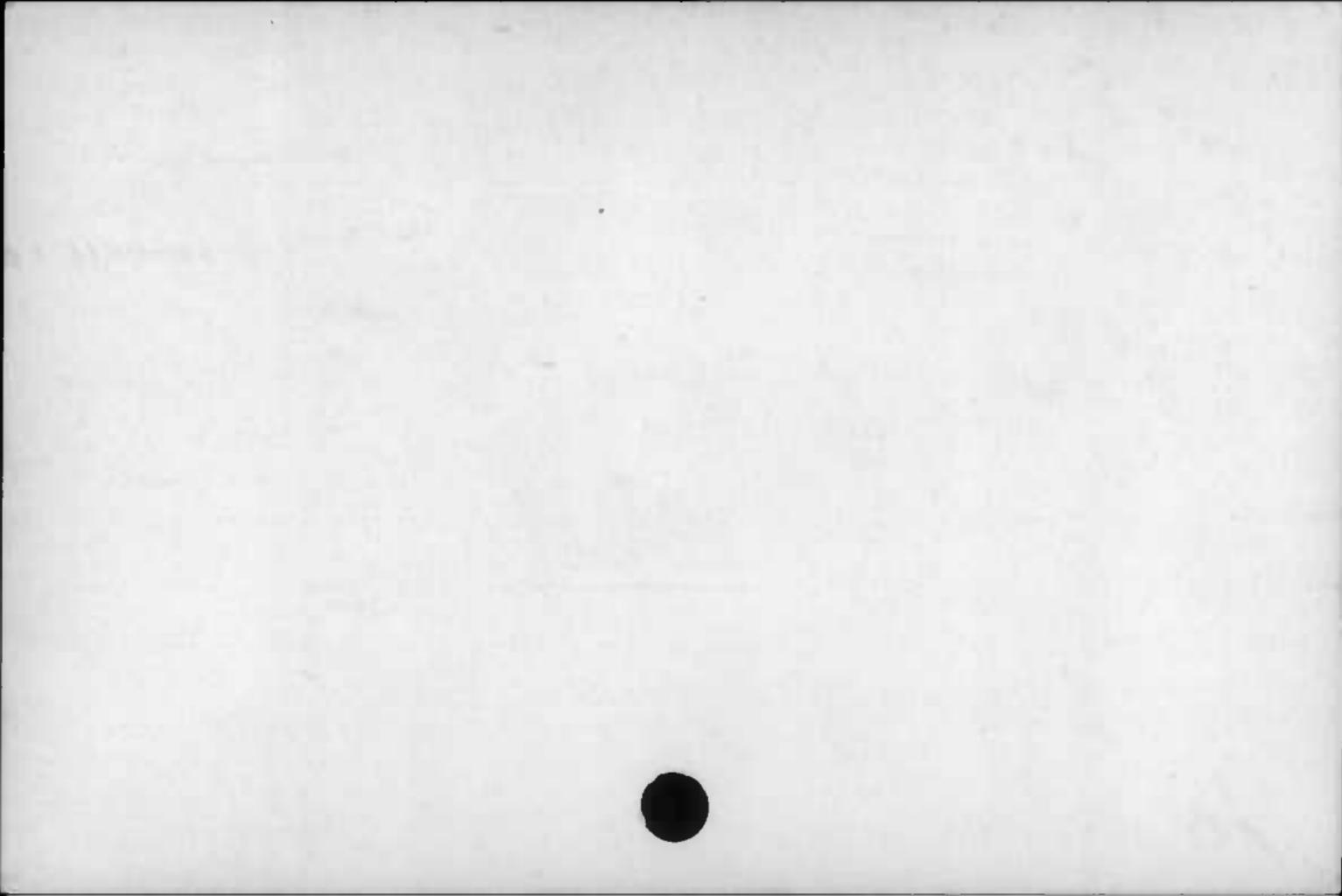
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Months	Days	
1909	July	14	7	—	
Sex	Female	Color or Race	Age	—	
Occupation	None	Where Residing if not at place of death	Birth-place	2nd	
Married, Single or Widowed	Single	Name of Wife or Husband		at home	
Father's Name	W. O. Sanders		Father's Birthplace	K. C.	
Mother's Maiden Name	Bell	In. Gathery	Mother's Birthplace	2nd	
Name of person giving information	N. A. Sanders		How related to deceased	Father	

CAUSES OF DEATH

Primary	Cholera Infantum	105	x	
Immediate	Exhaustion	10 days		
Are the name, age, sex, color, date and place correctly given above?	yes	How long	10 days	
		Signature of Physician	G. O. Monroe	
		Address	Waldorf, Md.	
Accident or Suicide?				



Name
in
Full

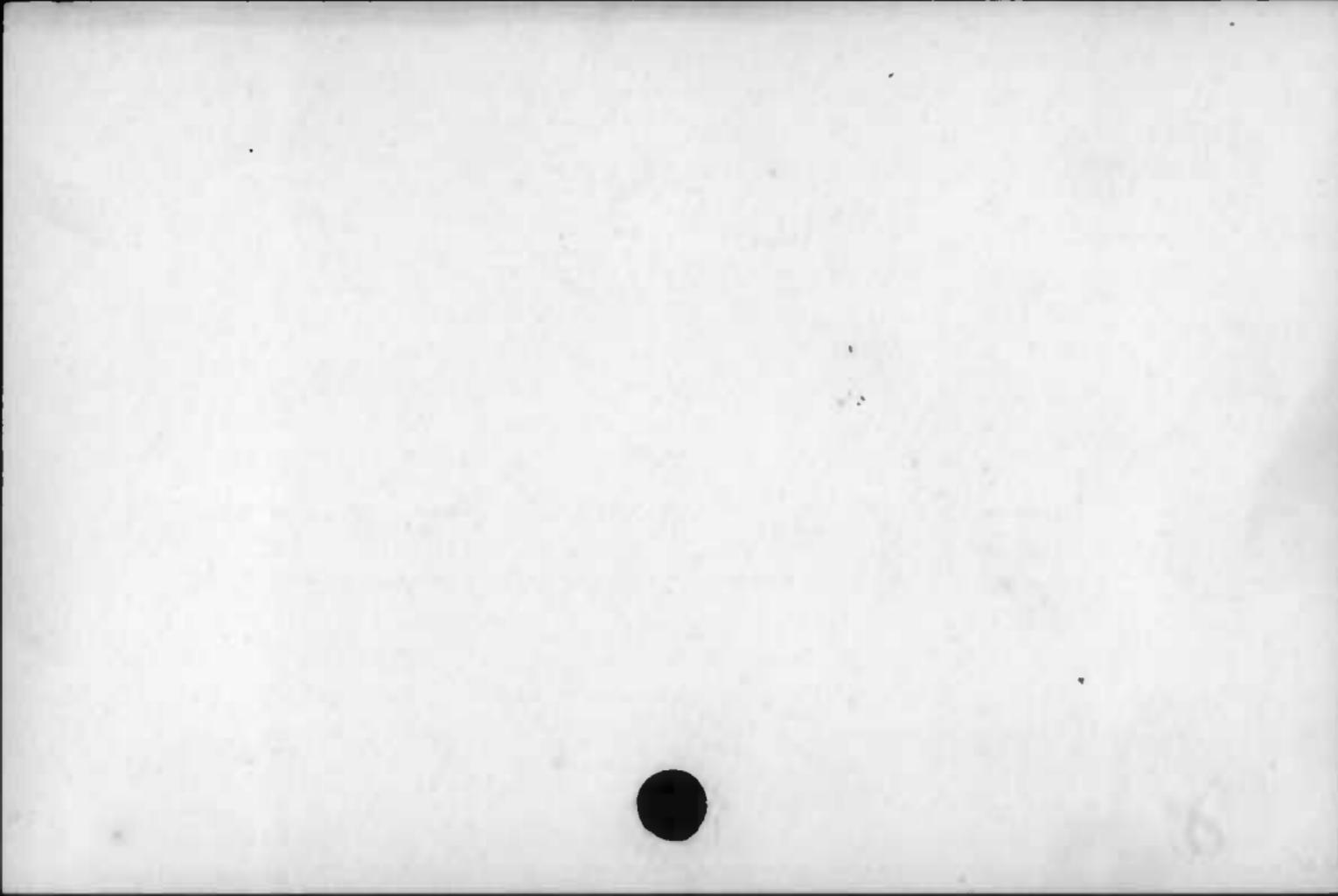
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Eva B Simmons

CERTIFICATE OF DEATH

Died at Marbury Town		County Charles		MARYLAND	
Date of death 1909	Month July	Day 2	Years	2 Months	28 Days
Sex Female	Color or Race collord	Birth-place char.co md.			
Occupation none	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband	none			
Father's Name George B Simmons	Father's Birthplace char.co md				
Mother's Maiden Name Carrie cooper	Mother's Birthplace char.co md				
Name of person giving information F. E. Simmons.	How related to deceased uncle				
CAUSES OF DEATH					
Primary Acute Oritis	How long 105 X				
Immediate	How long 6 weeks				
Are the name, age, sex, color, date and place correctly given above?	Ips	Signature of Physician	G. C. Bricknell, Ridgeh, MD.		
Address					
Accident or Suicide?					



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Hylacee Swanson

Town

Pomonkey

County

Charles

Died at

Month

Day

Years

Months

Days

Date

of death

1909 July 14

Age

—

—

11

Sex

Male

Color or
Race

Colored

Birth-
place

Pomonkey bed.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

W.O.

Name of Wife or
Husband

—

Father's
Name

Jas. W. H. Swanson

Father's
Birthplace

Pomonkey bed.

Mother's
Maiden Name

Elizabeth Swanson

Mother's
Birthplace

Brigah bed.

Name of person giving
Information

Charles D. Swanson

How related
to deceased

Nucle

CAUSES OF DEATH

Primary

Swanition.

151

X

How long

11 days.

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. W. Mitchell M.D.
Pomonkey bed.

Accident or Suicide

8



Name
in
Full

Edward Wallace

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	La Plata	Charles			
Date of death	Month	Day	Years	Months	Days
1909	7	26	20		
Sex	m	Color or Race	@	Birth-place	Baltimore
Occupation	Laborer				
Where Residing if not at place of death					
Married, Single or Widowed	S	Name of Wife or Husband			
Father's Name	William Wallace			Father's Birthplace	Md.
Mother's Maiden Name	Maggie Chase			Mother's Birthplace	Md.
Name of person giving information	William Wallace			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hypothyroid Thyroid	
Immediate	Conjestion of Brain	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	S. L. Harmon	
	Address	
	La Plata	
Accident or Suicide?	Ind.	

Let the waters,
madden me,
Maggie Chase